# CeramDent Laboratory

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Please fill in CAPITAL

**1**

Dr. _____ (name) Post Code: _____

Surgery: _____

**PRIVATE**

- ☐ Acrylic Denture
- ☐ Cobalt Chrome
- ☐ Flexible
- ☐ Vacuum Appliance

**2**

No patient personal data

Your Case Reference: _____ Initials: _____

**Delivery date** Always give us 7 full working days

(d/m/y) ____ / ____ / ____ = 1 working day before the real appointment

**Lab use only**

**3**

| Stage | | Delivery Date |
|---|---|---|
| ** ☐ **Special tray** | U / L | Date: _____ /_____ /_____ |
| ☐ **Bite** | U / L | Date: _____ /_____ /_____ |
| ☐ **Try In** | U / L | Date: _____ /_____ /_____ |
| ☐ **Re_Try** | U / L | Date: _____ /_____ /_____ |
| *** ☐ **Finish** | U / L | Date: _____ /_____ /_____ |
| *** ☐ or: Finish **in one** session | U / L | Date: _____ /_____ /_____ |

Extra Casting £

Extra Set-up £

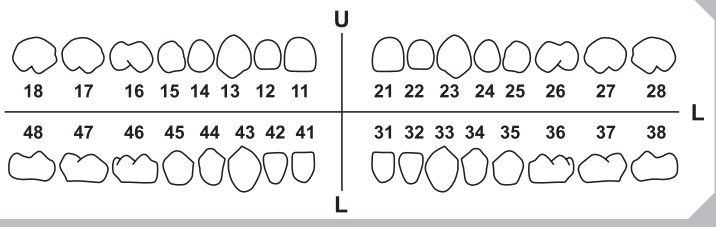
Shade change £

**4**

**Shade**

**Use VITA Classical guide**

(please tick) R




**5**

**Instructions:** **PLEASE, tell us if roots / teeth will be extracted and at what stage**

☐ Immediate denture teeth on: _____ → ☐ @try in

☐ Make clasps on: _____ → ☐ @finish

**6**

**I have disinfected the impression with:** _____

**by:** _____

**PRIVATE Only**



Pleas always check the impression before sending. Poor impression may be liable to a minimum handeling charge of £10.

* There is an additional cost for requesting delivery before 12pm

** If you have not ordered sp tray,you will charge for extra casting or set-up.

*** Finish stage means the dentist confirms all previous stages.

*** All the appliances will be fit on the cast based on the impression.